

ATTACHMENT

C

PART 1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrinics
 () Lipid () Pulmonary () Mental () Neurology () Ortho () General
 () Other:

*Asthma*SUBJECTIVE: (Chief Complaint)*1/19/06*
*1015g**feel yesterday on ice no fever*

Med. Compliance:

*good*OBJECTIVE: (Review System) Age: 35 Sex: Male Race:B / P: P: Wt: 200 T: R / R: SO2%: Peak Flow:HEENT: OK

Last Op / Opth. Eval.:

Heart: OKDiabetic foot
Screen Test SLungs: clear

889

Abdomen: soft*arthru*43010
9
8
7
6
5
4
3
2
1Genital / Rectal: OK*bowels*40010
9
8
7
6
5
4
3
2
1Extremities: OK*Knees*310Left
FootNeuro: OK*elbow*5
4
3
2
1

Recent Lab Results:

ASSESSMENT(S):Diabetic foot
Screen Test SDSM IV ClassificationAxis I: noAxis IV: medications

95

Axis II: noAxis V: GAF Score: 803
2
1Axis III: ASThma

Preventive Care:

Diet:

xyz

Exercise:

*yes*6
5
4
3
2
1Tobacco Use: noMedication Side Effects: no8
7
6
5
4
3
2
1

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED
FCI McKear

SPONSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; ID No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

WARD NO.

*57627-A00**Kevin Siggens*

CHRONOLOGICAL RECORD OF MEDICAL CARE

PLAN: no**Patient Education:**

() Discussed Test Results () Discussed Tx Plan
 () Etiology, Complications, Prognosis, Prevention
 () Diet, Diabetic / Cardiac / Disease, Lifestyle Changes () No Smoking
 () Medication Dosage / Administration / Compliance / Side Effects
 () Patient Understood Topics () Verbalized Understanding
 () Instructed if Problems or if running out of medication, should sign up for sick-call or send cop-out.

Diagnostic Studies: () CBC / Dif () U / A () LFT () Chem. Profile () Lipids () HgA1c
 () PSA () Viral Load () CD4 () Toxo IgG. () Hepatitis Panel
 () CXR () EKG () Others:

Consultations: () Optometrist () Ophthalmologist () Orthopedic Surgeon
 () Others:

Referral for Vaccination: () Influenza () Pneumococcal () Other:

Return to Clinic for routine Follow-Up on: 5 mo

Treatments(s):

Allerteral 2 puffs Qd #1 RF 24
Azmacort 4 puffs Bid #1 RF 24
Ibuprofen 25 mg tds #30 RF 60

Reviewed by
V. Geza, PharmD

H. Beam, MD
FCI McLean

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

7-26-05

St 35yo BM = pt - Lt

1040

Lsgn' area - pain after
playing football 2 hrPt - pain mainly in low
Lt lsgn' area - S/sI am noted pgs within the
lsgn' area & pain noted -
abdomen - Testicular

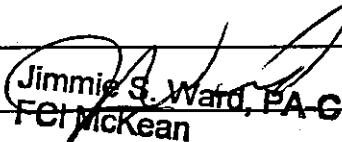
A - Diagnosing Strain

Plan: OTC Advil 200g

Tt & IV BID for Pain -
No c food.No recalc 3 mos
Expires 7-26-05.

ptc as needed

Hutley


 Jimmie S. Ward, F.A.C.
 FCI McKean

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

 Kevin, Srgns
 51627-060

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD

CHRONOLOGICAL RECORD - MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines
 () Lipid () Pulmonary () Mental () Neurology () Ortho () General
 () Other: Asthma

SUBJECTIVE: (Chief Complaint)

8/23/05 breathing on joint knees & elbow
 1240 hurting out of inhaler

Med. Compliance:

OBJECTIVE: (Review System) Age: 35 Sex: Male Race:

B / P: 130/80 P: 70 Wt: 261 T: R / R: SO2%: Peak Flow:

HEENT: OK

Last Op / Opth. Eval.:

Heart: Pms

Diabetic foot
Screen Test Steps:

Lungs: cr

300

300

Abdomen:

320

Genital / Rectal:

Extremities:

run elbow knee on

Left Foot

Neuro:

7 8

Recent Lab Results:

Diabetic foot
Screen Test Steps:ASSESSMENT(S):

DSM IV Classification

Axis I: no

Axis IV: uncontrolled

Diabetic foot
Screen Test Steps:

Axis II: no

Axis V: GAF Score: 80

Axis III: Asthma - DYS

Diabetic foot
Screen Test Steps:

Preventive Care:

Diet: yes

Exercise: yes

Diabetic foot
Screen Test Steps:

Tobacco Use: no

Medication Side Effects: no

Diabetic foot
Screen Test Steps:

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART. / SERVICE

RECORDS MAINTAINED AT
FCI McKean

SPONSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
ID No. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

51627-260

WARD NO.

Kevin Siger

CHRONOLOGICAL RECORD OF MEDICAL CAR

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA / ICMR

FIRM: 1 CFR) 201-202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION, (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education:										
	<input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Verbalized Understanding <input checked="" type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.										
	Diagnostic Studies:										
	<input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:										
	Consultations:										
	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others: <i>elbow sleeve</i>										
	Referral for Vaccination:										
	<input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:										
	Return to Clinic for routine Follow-Up on:										
	Treatments(s):										
	<i>Altivetal 75 mg QD #1 R/F Y</i> <i>Aztreonam 750 mg BID #1 R/F Y</i> <i>Indocin 25 mg #1 pox #30 R/F G</i>										
	Reviewed By: V. Geza, Pharm.D										

00-834-4178

ICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

3/05 Came to HSC from work c/o
 chest pain x 1st miss. Pain 3/10
 1-10 scale worse w movement of
 arms & palpation mid sternum
 area. OSOB & diaphoresis
 On Adm 97² 7F-16 158/74 O² SAT 98%
 Hx (asthma) skin warm/dry
 lungs CT A & Upeening
 mild discomfort & palpation chest
 wall
 Heart - RRR
 A) Costochondritis
 B) May use OTC for muscle
 pain
 C) IV as needed
 agrees to plan *Dee*
J Glenn FAP

9/17/05 See Injury Report for This Time Date.

1945 *D Corbin*
 D. Corbin, Paramedic
 FCI McKean

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean

SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	REGISTER NO.	WARD NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
 Date of Birth; Rank/Grade.)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
 FAMR (41 CFR) 201-9.202-1

MEDICAL RECORDS

SYMPTOMS, DISORDERS, OR MEDICAL PROBLEMS	SIS. TREATMENT	TREATING DR.	ATTN (Sign each area)
CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrinology () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>ASTHMA</i>			

U/05

SUBJECTIVE: (Chief Complaint)

shortness of breath - they help

Med. Compliance:

OBJECTIVE: (Review System) Age: *34* Sex: Male Race:B/P: *110/80* P: *70* Wt: *268* T: *98.6* R/R: *16* SO2%: *98%* Peak Flow:HEENT: *na*

Last Op / Opth. Eval.:

Heart: *OK*Lungs: *cl**40*

Abdomen:

40

Genital / Rectal:

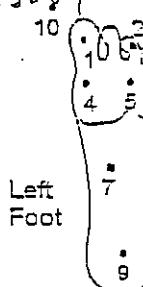
470

Extremities:

Neuro:

Recent Lab Results:

ASSESSMENT(S):

Chronic asthma
*asthma*Diabetic foot
Screen Test StaLeft
FootDiabetic foot
Screen Test StaRight
Foot

DSM IV Classification

Axis I:

Axis IV:

Axis II:

Axis V: GAF Score:

Axis III: *ASTHMA - SMOKER*

Preventive Care:

Diet: *as per*Exercise: *no*Tobacco Use: *no*

Medication Side Effects:

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED
FCI McKean			

PATIENT IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; I.D. or SSN; Sex; Date of Birth; Rank / Grade)

REGISTER NO.

51627-860

WARD NO.

Kevin Siggens

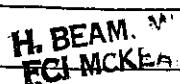
CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STAN RD FORM 600 (REV. 6-87)

Prepared by GSA / ICMR

Final (41 CFR) 201-202-1

DATE:	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	<u>100</u>	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education:	<input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Verbalized Understanding <input type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cap-out.									
	Diagnostic Studies:	<input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:									
	Consultations:	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:									
	Referral for Vaccination:	<input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:									
	Return to Clinic for routine Follow-Up on:	<u>9mo</u>									
	Treatments(s):	<u>Allerstabil 1/2 puff Bid #1 RR 3</u> <u>Synacten 1/2 puff Bid #1 RR 3</u> <u>motrin 800mg po tid #30 RR 1</u>									
	Reviewed By: V. Geza, PharmD	 									
	 H. BEAM, M.D. ECL MCKEE										

NSN 7540-00-634-4178

AUTHORIZED FOR LOCAL R

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

3/10/05

Adm - see report

1500

Alleridex 1/8mg Qid #1 RP#3

Agramat 1/8mg Bid #1 RP#3

Bacitracin ointment bid #1 RP#5

PUC Clinic

Reviewed By
V. Geza, PharmDH. BEAM, MD
FCI MCKEAN

3/24/05

See Imaging Report

0745

Reviewed By
V. Geza, PharmDDennis Olson, MD
Physician

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
------------------------------	--------	-----------------	-------------------------------------

SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	REGISTER NO.	WARD NO.
----------------	------------	-------------------------	--------------	----------

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

51627-000

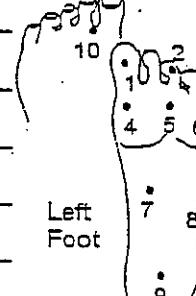
WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

Kevin Siggers

ATE	SYMPTOMS, DIA		DIS, TREATMENT, TREATING ORG		ACTION (Sign each entry)
	CLINIC(S):	() Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other:			
	<i>Asthma</i>				
SUBJECTIVE: (Chief Complaint)					
(21) 04	<i>Breathing - ex. lately a little lower</i>				
20	<i>C/C Sore @ elbow</i>				
Med. Compliance:					
OBJECTIVE: (Review System) Age: 35 Sex: Male Race:					
B/P: 90/60 P: 70 Wt: 208 T:		R/R:	SO2%:	Peak Flow:	
HEENT: <i>Normal</i>		Last Op / Opth. Eval.: <i>-</i>			
Heart: <i>Normal</i>		Diabetic foot Screen Test Steps:			
Lungs: <i>Normal</i>					
Abdomen: <i>Normal</i>		<i>Rect Shaped 960</i> <i>1st elbows 340</i> <i>full 390</i>			
Genital / Rectal:					
Extremities:					
Neuro:					
Recent Lab Results:					
ASSESSMENT(S):					
DSM IV Classification					
Axis I:		Axis IV:			
Axis II:		Axis V: GAF Score:			
Axis III: <i>Asthma tender @ elbow</i>					
Preventive Care:		Diet: <i>nv</i>	Exercise: <i>ym</i>		
Tobacco Use: <i>Unto her / no</i>		Medication Side Effects:			

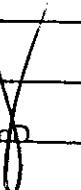
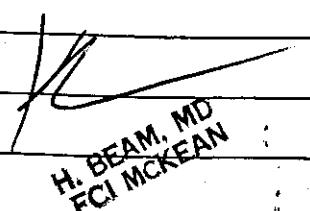
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED AT
			FCI McKean
NSOP'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT IDENTIFICATION: (For typed or written entries give: Name - last, first, middle; or SSN; Sex; Date of Birth; Rank / Grade)

Kevin Sigger

REGISTER NO. **S1627-060** WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STAN RD FORM 600 (REV. 6-97)
Printed by GSA / ICMR
FEB 11 (1 CFR) 201-202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education:										
	<input type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan										
	<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention										
	<input type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input checked="" type="checkbox"/> No Smoking										
	<input type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects										
	<input checked="" type="checkbox"/> Patient Understood Topics <input checked="" type="checkbox"/> Verbalized Understanding										
	<input type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.										
	Diagnostic Studies:	<input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input checked="" type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:									
	Consultations:	<input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:									
	Referral for Vaccination:	<input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococcal <input type="checkbox"/> Other:									
	Return to Clinic for routine Follow-Up on:	4 mos									
	Treatments(s):	Abreva 1/8 puff Qd #1 RF 3 Acmeest 1/8 puff Bid #1 RF 3									
	Reviewed By: V. Geza, PharmD										
	 H. BEAM, MD FCI MCKEAN										

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/2/04	(S) 34 y/o MALE % Gen. Malaise - Tired / Weak. Onset ~ 2 wks. Diarrhea; URI, other Sx's. Request 1 for Diabetes 2 ^o FMD → IDDM, Hx - GC/Chlamydia - + successful Rx c. & Resby Behavior since resolved; & discharge. Penis; (Amputation reports → Mill physician x 1 mo. c. Escondi clavix Tc BM's neg. - QD/DID, Posture, D Brown L2 P Back Tamy, & Blood Asthma - doing well - Employ Meds as scripted. (+) & SMOKING x 1wk.; Denies - Cough/Wheez/AB (P) CAD x3, NAD, Ambulatory, + Affect (k) 138/88, 67, 12 Temp 97.5 & PaO ₂ 98% PEFR's @ 525/550/600 HT 5'11" & WT @ 255 ⇒ BMI #35 (Obesity I/II) Heart & Lungs - + Tones 1+ Smooth & Equable Chest - CTA (R) & Wheez, + HRT - PRR, S, S ₂ & Murm. ABD - SNT, + BS's x 4 equal, + mild LT, CVA tend. Pain - Penis, Intra & Testis & discharge - Scrotum - Testicle x 2, & Mass, & Tend. Rectum - Hemorrhoid, + Spincter Tse. & Guiding LGBRE - Prostate - sym, small, mid Tense VERV - CN II-XII Grossly intact (+) DTRs 2+ (+) Pulse 2+

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
PONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

51627-060

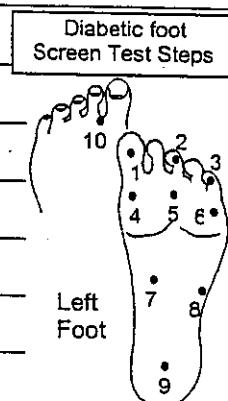
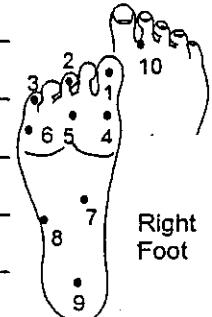
WARD NO.

SIGGERS, Kevin
51627
060

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/11/04	Urine - Dip → + Leuko / Nit. / turbid Protein 3+ Ph 6.0 Spec Gravity 1.025 RBC's Mod. large (2+/3+) Ketones Trace Bili - Small Glucose 100 Random PP Glucose (Finger) @ 100.
	(A) Urthritis / Cystitis Rx Prostatitis Hematuria; Proteinuria; Glucosuria; Keturia Obesity I/II (BMI I/II) Elevated BP; Asthma - well managed.
	(B) Educate Counsel pt W/T. via diet / exercise RTC - Flu → labs (+ Educate / Counsel re: phys. TIBC, Urinalysis, Chem Profile, Fasting Gluc. HbA1c, Lipid Profile. → BP VS x3 - Random
	Ciprofloxacin 500mg #10 BID X 14d #28 φ Rx. Educate / counsel re - Diabetes & BMI Status ↓ Smoking cessation ✓ Rx Educate genital Exam / Abnormal 15 min RTC PRN & above. Understanding signs.
	Reviewed By: V. Geza, PharmD
	Robert E. Plotowski, PA-C FCI McKean Robert E. Plotowski, PA-C FCI McKean
	Reviewed by: Disc. MD Date: 10/12/04

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
	CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Asthma LBP</i>			
	SUBJECTIVE: (Chief Complaint) <i>2/2/04 non complient LBP x 3 wks</i> <i>dry & haller</i>			
1045	Med. Compliance:			
	OBJECTIVE: (Review System) Age: <i>34</i> Sex: Male Race: B / P: <i>110/70</i> P: <i>70</i> Wt: <i>255 1/2</i> T: <i>98.6</i> R / R: SO2%: Peak Flow: HEENT: <i>OK</i> Last Op / Opth. Eval.: Heart: <i>OK</i> <i>330</i> Diabetic foot Screen Test Steps Lungs: <i>Clean</i> <i>400</i> Abdomen: <i>430</i> Genital / Rectal: <i>Tender P pain ball</i> Extremities: <i>SRCEC</i> Neuro: Recent Lab Results: ASSESSMENT(S):			
	 			
	DSM IV Classification Axis I: Axis II: Axis III: <i>Asthma - LBP</i> Axis IV: Axis V: GAF Score: Preventive Care: <i>all</i> Exercise: <i>yes</i> Tobacco Use: <i>Atmmed?</i> Medication Side Effects: <i>no</i>			

HOSPITAL OR MEDICAL FACILITY	STATUS <i>Paroled</i>	DEPART. / SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
No. or SSN; Sex; Date of Birth; Rank / Grade

REGISTER NO. *51627-060* WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA / ICMR

FIRM™ (41 CFR) 201-202-1

Kevin Sisger

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Pain Level: 1 2 3 <u>4</u> 5 6 7 8 9 10
	PLAN: <i>Back</i>
	Patient Education: <input checked="" type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input checked="" type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input checked="" type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Verbalized Understanding <input type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop-out.
	Diagnostic Studies: <input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgA1c <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:
	Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococal <input type="checkbox"/> Other:
	Return to Clinic for routine Follow-Up on: <i>5 mo</i>
	Treatments(s): <i>Alleretral 1% puff Qid #1 RF 4</i> <i>Azmacort 1/2 Bid #1 RF 4</i> <i>Discontinue → Singulair long (not taking)</i> <i>Motrin 800 mg tab X2 #30 RF 1</i>
	Reviewed By <i>V. Geza, PharmD</i>
	<i>MR</i>
	<i>H. BEAM, MD FCI MCKEAN</i>

BN 7540-00-634-4176

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO. 51627-060	WARD NO.

Siggers, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infections () Endocrines
 () Lipid () Pulmonary () Mental () Neurology () Ortho () General
 () Other:

SUBJECTIVE: (Chief Complaint)

DPSOB, wheezing, "arthritis" acting up lately

Med. Compliance: *last Asprin intake*

OBJECTIVE: (Review System) Age: Sex: Male Race:

B/P: 140/90 P: 70 Wt: 63 T: R/R: 14 SO2%: Peak Flow: 310

Diabetic foot
Screen Test Steps

HEENT: Last Op / Opth. Eval.:

Heart: *R.R.B., tach, s6*

Lungs: *Clear*

Abdomen:

Genital / Rectal:

Extremities: *edema*

Neuro:

Recent Lab Results:

ASSESSMENT(S): *(i) Asthma*

DSM IV Classification

Axis I:

Axis IV:

Axis II:

Axis V:

Axis III:

Preventive Care:

Diet: *OK*

Exercise: *OK*

Tobacco Use: *No*

Medication Side Effects: *mild*

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. / SERVICE	RECORDS MAINTAINED AT
			FCI McKean
NSOR'S NAME	SSN / ID NO.	RELATIONSHIP TO SPONSOR	

PATIENTS IDENTIFICATION: (For typed or written entries give: Name - last, first, middle;
 or SSN; Sex; Date of Birth; Rank / Grade

REGISTER NO.
51627-060

WARD NO.

Sugars, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA / ICMR
 FIRMR (41 CFR) 201-202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education: <input type="checkbox"/> Discussed Test Results <input checked="" type="checkbox"/> Discussed Tx Plan <input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention <input type="checkbox"/> Diet, Diabetic / Cardiac / Disease, Lifestyle Changes <input type="checkbox"/> No Smoking <input checked="" type="checkbox"/> Medication Dosage / Administration / Compliance / Side Effects <input checked="" type="checkbox"/> Patient Understood Topics <input type="checkbox"/> Instructed If Problems or if running out of medication, should sign up for sick-call or send cop out.										
	Diagnostic Studies: <input type="checkbox"/> CBC / Dif <input type="checkbox"/> U / A <input type="checkbox"/> LFT <input type="checkbox"/> Chem. Profile <input type="checkbox"/> Lipids <input type="checkbox"/> HgAI <input type="checkbox"/> PSA <input type="checkbox"/> Viral Load <input type="checkbox"/> CD4 <input type="checkbox"/> Toxo IgG. <input type="checkbox"/> Hepatitis Panel <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> Others:										
	Consultations: <input type="checkbox"/> Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/> Orthopedic Surgeon <input type="checkbox"/> Others:										
	Referral for Vaccination: <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumococal <input type="checkbox"/> Other:										
	Return to Clinic for routine Follow-Up on: 3 mo										
	Treatments(s): <ol style="list-style-type: none"> ① Proventil inhaler 2 puffs QID Prn H1 Rx ② Albuterol inhaler 4 puffs BID H1 Rx ③ Singulair 10 mg QD H2O Rx ④ Naprosyn 225mg TID Prn H2 										
	<i>Reviewed By: V. Geza, PharmD</i>										
	<i>Dennis Olson, MD Physician</i>										

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
1/26/04	(5) 33 y/o AA Asymptomatic or c/o Episodic dizzy 26/40 hr & Facial/Frontal HA's x 6 days -Denies -Syncope, ↓ Vision, HL, NVD, URTI, Abdominal -Reports - dizzy as short L/mi burst vertigo & sense of visual spindles + tinnitus percelata -Reports - dizziness in c. Reg. use tobacco Medications denied.
(6) 1/20/04	CAO x3, NAD, Ambulatory, Dappel, NL Gait 1/5/04 120/78, 68, 12 Temp 97.0 FSG - 114 (last intake 300 2/25/04) PF's - 425/400/450
	<u>Ears</u> → Tm's intact, + retracted, pt fluent <u>Nose</u> → + mucosal edema (+ Boggs Turke Torus) Mucoid secret. <u>Face</u> → + tender lps; palpate periorbita (+) crusty <u>Ora</u> → intact, pt lesion, pt PNP) periorbital (+) 2+ smth <u>Neck</u> → SNT, FNm, & IP, pt TMs, pt Brustz. Pt ephedra <u>Chest</u> → CTA (R) pt wheez; HRFB PRP, S, R, pt murmur <u>Neuro</u> → PERRLA, EOMI, pt myotonus, CN's II-XII grossly abn & R hem & Hallpike
	(7) Rhinorrhea, PAP, pt throat (8) Saline nasal spray via commensal - 1 spray twice TID • 1st trip, 8 mg QID 10 AM x 5 days. H200 & PR • nasal sprays @ 1 spray BID #1 c pr. 41 • Continue medz (+) advised via comm. 2/22. PTC few days, understand & P/Ts. Dr. BEAM open 1x mos.

Reviewed by:
Geza, PharmD

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
FCI McKean			FCI McKean

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.
51627-060

WARD NO.

Sigler, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
4/20/04 0930	<p>① Compl. to c/o rt. hip pain & x 65w 1984 c hardware & possibly arthritis pain 6 on 1-10 scale Plays ball</p> <p>② WSSD amb. 5 steps/m mass - o edema, FROM no difficulty ambulating or getting up and down from exam table. Plays basketball</p> <p>③ C/o RT. hip pain R/o arthritis</p> <p>P 1) Compl. to use OTC pain med 2) X-ray RT. hip 3) Educated on use of OTC pain meds, F/U after x-rays Agree to plan J. Glenn FNP-C</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine
 () Lipid () Pulmonary () Mental () Neurology () Ortho () General
 () Other: Asthma

SUBJECTIVE: (Chief Complaint)

feeling better on inhaler
no sequelae from assault

OBJECTIVE: (Review System) Age: 33 Sex: Male Race:B/P: 100/60 P: 70 Wt: 256 T: 98.6 R/R: SO2%: 98 Peak Flow:HEENT: dry EENT: conjunctivitis Last Op/Ophr. Eval:Heart: OK HR: negLungs: Clear RR: 300Abdomen: flat SBP: 330Genital/Rectal: normal DBP: 290

Extremities:

Neuro: c/o headache

Recent Lab Results:

ASSESSMENT(S):

DSM IV Classification

Pt/ur crx wmp

Axis I:

Axis II:

Axis III: Asthma

Preventative Care: Diet

Exercise +/-Tobacco Use: noMedication Side Effects: no

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
INSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
Kenneth Siggers			

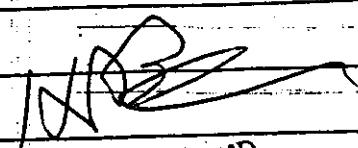
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

51627-060

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 6004 (REV. 6-87)
FEDERAL GOVERNMENT PRINTING OFFICE: 1980 5010-104-022-1
FEB 1987

SYMPTOMS	AGNOSIS, TREATMENT	TREATING ORG.	STATION (Sign each entry)
Pain Level:	1 2 3 4 5 6 7 8 9 10		
PLAN:	AllergiTSX Congnated		
Patient Education:			
(<input checked="" type="checkbox"/> Etiology, Complications; Prognosis, Prevention (<input type="checkbox"/> Diet, Diabetic/Cardiac/ Disease, Lifestyle Changes (<input type="checkbox"/> No Smoking (<input checked="" type="checkbox"/> Medication Dosage/Administration/ Compliance/Side Effects (<input checked="" type="checkbox"/> Patient Understood Topics (<input type="checkbox"/> Instructed if problems or if running out of medication, should sign up for sick-call or send cop out.			
Diagnostic Studies: (<input type="checkbox"/> CBC/Diff (<input type="checkbox"/> U/A (<input type="checkbox"/> LFT (<input type="checkbox"/> Chem Profile (<input type="checkbox"/> Lipids (<input type="checkbox"/> HgA1c (<input type="checkbox"/> PSA (<input type="checkbox"/> Viral Load (<input type="checkbox"/> CD4 (<input type="checkbox"/> Toxo IgG. (<input type="checkbox"/> Hepatitis Panel (<input type="checkbox"/> CXR (<input type="checkbox"/> EKG (<input type="checkbox"/> Others:			
Consultations: (<input type="checkbox"/> Optometrist (<input type="checkbox"/> Ophthalmologist (<input type="checkbox"/> Orthopedic Surgeon (<input type="checkbox"/> Others:			
Referral for Vaccination: (<input type="checkbox"/> Influenza (<input type="checkbox"/> Pneumococcal (<input type="checkbox"/> Other:			
Return to Clinic for routine Follow-Up on: 3m			
Treatment(s):	Albuterol 1/2 puff Qid #1 RRF-2 Azmacort 1/2 puff Bid #1 RRF-2 (acid) Singuletin 10 mg i/p QD #30 RRF-2 Benadryl 25 mg i/p tid #30 RRF-3 Dulcolax tabs 5 mg i/p QD #10 RRF-0		
<i>M</i>	Steven Labrozzi, RPh Pharmacist		
	 H. BEAM, MD FCI MCKEAN		

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	SHU SICK call
11/29/03 2120	<p>⑥ 9^o recurrence of neck infection (see 3/12, 3/20, 3/28/03) x 1 week.</p> <p>⑦ NAD T = 97.7° F</p> <p>SKIN: ④ 0.5 cm induration at nape of neck ⑤ suppuration.</p> <p>⑧ Furuncle</p> <p>⑨ 1. Tetracycline 500 mg tpo ac whs on empty stomach with full glass of water. #40 MR SHU</p> <p>2. Pt. understands tx plan. 3. FU pt in via SHU S/C</p>
12/1/03 Reviewed By: V. Geza, PharmD	<p><i>AS</i></p> <p>Steven LaRocca, PA-C Physician Assistant</p>
12/1/03	<p>REVIEWED BY: <i>H Beam</i> 12/1/03</p> <p>H. BEAM, MD FCI MCKEAN</p>
12/19/03 1703	<p>Adm need Flu cxr if ten prominent 7/23/03 will order</p> <p><i>12/20/03</i></p>
12/30/03 1030	<p>Inmate given 37 pp Medical Records</p> <p><i>J. Petrucci, HIT</i> T. Petrucci, HIT</p> <p>RECEIVED BY: Date: 12/30/03 RECEIVED BY: Date: 12/30/03</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
10/29/03	4 pages of medical records T. Petrucci HIT		
10/30	T. Petrucci, HIT		
11-18-03	Please see incident report R. Saylor NP-C		
11-4-03	Steven Labrozzi, RPh Pharmacist		
11/19/03	checked back		
11-19-03	SI man with assault yesterday suffering blow to face & montary cont of consciousness & cold to bridge of nose		
SIU	needle inhalation injury or alert - looks ok no swelling & bruising of more than 1 cm breast of skin bridge of nose - well approximated in naturally position Eyes: vision 20/20, field intact		
11-20-03	No facial contusion & small tender area bridge of nose Placed reassurance, keep face clean & wash w/ soap & water & a chlorine cleaner if possible		
Reviewed By V. Geza, PharmD	Abbreviated if puffoid #1 RPR		

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
	Azmacort 1 puff qid #1 RPR	#1 RPR	FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	WARD NO.
Bernard J. Dugay, Jr.		to 21 RCP 12	H. DEAN, MD C. MCKEAN

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.
51627-060

Duggers, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

TE	SYMPTOMS, TREATMENT, TREATING ORGAN
CLINIC(S): () Cardiac () Hypertension () Diabetes () Infectious () Endocrine () Lipid () Pulmonary () Mental () Neurology () Ortho () General () Other: <i>Asthma</i>	

28/03 SUBJECTIVE: (Chief Complaint)

245 Coughing face & legs
Asthma attack 1+04 x 10 day
4 days on

OBJECTIVE: (Review System) Age: 32 Sex: Male Race:

B/P: 100/70 P: 70 Wt: 247 T: R/R: SO2%: Peak Flow?

HEENT: *dry mouth* Last Op/Ophth. Eval:

Heart: *T. w.* 210

Lungs: *Clear* 200

Abdomen: 200

Genital/Rectal:

Extremities:

Neuro:

Recent Lab Results:

ASSESSMENT(S): DSM IV Classification

Axis I: *Dysmenorrhea*

Axis II:

Axis III: *Asthma* Preventative Care: Diet *watkin* Exercise *yes*

Tobacco Use: *quit* Medication Side Effects: *no*

OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FCI McKean

IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.	WARD NO.
<i>S1627-060</i>	

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

STANDARD FORM 6004REV. 6-67
 Prescribed by GSA/ICMR
 FMRM (41 CFR) 201-8.202-1

Kevin Sijgen

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)										
	Pain Level:	1	2	3	4	5	6	7	8	9	10
	PLAN:										
	Patient Education:										
	(<input checked="" type="checkbox"/> Etiology, Complications, Prognosis, Prevention (<input type="checkbox"/> Diet, Diabetic/Cardiac/										
	Disease, Lifestyle Changes (<input type="checkbox"/> No Smoking (<input checked="" type="checkbox"/> Medication Dosage/Administration/										
	Compliance/Side Effects (<input checked="" type="checkbox"/> Patient Understood Topics (<input checked="" type="checkbox"/> Instructed if problem										
	or if running out of medication, should sign up for sick-call or send cop out.										
	Diagnostic Studies: (<input type="checkbox"/> CBC/Diff (<input type="checkbox"/> U/A (<input type="checkbox"/> LFT (<input type="checkbox"/> Chem Profile (<input type="checkbox"/> Lipids (<input type="checkbox"/> Hgt										
	(<input type="checkbox"/> PSA (<input type="checkbox"/> Viral Load (<input type="checkbox"/> CD4 (<input type="checkbox"/> Toxo IgG. (<input type="checkbox"/> Hepatitis Pan										
	(<input type="checkbox"/> CXR (<input type="checkbox"/> EKG (<input type="checkbox"/> Others:										
	Consultations: (<input type="checkbox"/> Optometrist (<input type="checkbox"/> Ophthalmologist (<input type="checkbox"/> Orthopedic Surgeon										
	(<input type="checkbox"/> Others:										
	Referral for Vaccination: (<input type="checkbox"/> Influenza (<input type="checkbox"/> Pneumococcal (<input type="checkbox"/> Other:										
	Return to Clinic for routine Follow-Up on: 3 mo										
	Treatment(s):										
	Albuterol IV puff qid #1 RFZ										
	Azmacort IV puff BID #1 RFZ										
	Prednisone 5mg 8pm and decreasing										
	done Q2 day #72 RFZ										
	Benadryl 25mg po tid #30 RFZ										
	Reviewed By: V. Geza, PharmD										
	<i>H. Beam, MD FCI McKEAN</i>										

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/17/03	(S) c/o skin itching & bumps 0900 at elbows X 2/1 week (O) NAD exam - rash or erythema elbows - few day areas (A) subjective itching (P) 1) Benadryl 25 mg + po BID prn #15 NR 2) Hydrocortisone cream to areas on elbows) BID #1 NR 3) Educated on Rx, use warm H ₂ O not hot, & 1/4 cup neutralized understanding Reviewed By: V. Geza, PharmD J. Glewene, RPh

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
	Aden
8/7/03 1402	CXR = Hilum prominence P/a recommended Plan - Flu CXR 3mo
	1/M/2003
	H. BEAM, MD FCI MCKEAN
9-17-03 114W	S: C/o constipation "off & on = 2 wks." Using metamucil 5 relief. G: Intense hemorrhoids causing pain & disconfort. Searched. O: N/pd.
	A: Constipation & internal hemorrhoids
	P: May Otrate #1, drink whole dose. S.R. PT education re: constipation, RCR p.w. PT understand.
	P: Fibrecon, 1 tab per tib & H.W. #30+ J.A. B-symptoms
	Reviewed By: V. Geza, PharmD
	FCI MCKEAN

9/23/03 0930	Aden out of A/Cutera
	Refill Albuterol 11 Puffs QID #1 PCE
	Steven Labrozzi, RPh
HOSPITAL OR MEDICAL FACILITY	STATUS
SPONSOR'S NAME	SSN/ID NO.
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	
	REGISTER NO. 57627-060
	WARD NO.

Karin Siggers

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7-3-03 0950	S: C/o pain in Chest that hurts and hurts more & talking and deep breaths. Pain = 4/10. Pt. feels may be stress. Requests meeting w/ Dr Rhinehart. O: N/A. Appears well. Talking and moving easily & no signs of discomfort. Appears relaxed. A: Chest/chestnut vs. anxiety P: Continue meds as prescribed by Mr. Lubowski. - Consult w/ Dr Rhinehart. Reserve I.M. (Requesting ride for 1 week - denied.) Pt. education re: stress reduction. P.C.M.V. Pt. understands.
	B. Sanjourno R.C.
7/16/03 0845	S: C/o having breathing problems - states when exertion and/or laying down at night. States alcohol helps him breathe, but keeps him up. He found out that his job can possibly lead to silicosis. He does smoke - cigars ~ 3 a day, for last 5 years. Did illegal (marijuana) "a lot of pot" before incarceration. C/o ear infection O: N/A HPI: RRR, S1, S2 Lung: CT bilaterally, O. wheezes, rales, rhonchi HEENT: N/A A: anxiety re: employment P: D.P.M. PRN ① Check for schedule of CTX ② Continue care <i>Continued</i>
	Eric A.S. PA-C

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7/14/03	② red abscess at nape of neck. IMA is placed & results
1340	② erythema, ② suppuration slight induration/mass still palpable
	④ Abscess, resolving
	① 1. Please TCN. 2. No further Antibiotics 3. RTC if abscess re-grows.
	<i>J Labro</i>
	Steven Labrozzi, PA-C Physician Assistant

5/14/03	Inmate Rec# 4070 Medical Records	<i>T. Petrucci, HIT</i>
1030		<i>T. Petrucci, HIT</i>
6-24-03	⑤ ⑥ SOB upon exertion like tightness or burn in chest ⑦ Accelerated. x 5 days. only at night	<i>6/24/03</i>
27 June 03		<i>6/24/03</i>
0815	① NAD T= 97.4°F BP= 132/86 wt = 253 lbs HEENT: ③ tenderness to sinus tenderness Turbinate + 25% . Several hemorrhax sites / blood crusts seen in ② nostril.	Reviewed By: V. Geza, PharmD
	LUNGS: CTA. No edema.	
	④ Epistaxis & dry nasal passageways. ② Exertional Dyspne.	
	① Albuterol 1-2 puffs QID PRN. #1 NR 2. Saline Nasal Spray 2 sprays QID AND PRN. #1 Rx 2 3. WEIGHT LOSS! 1L water intake 4. IM ED: use of mucus. IM undiluted 5. RTC prn.	
		Steven Labrozzi, PA-C Physician Assistant

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPOILER'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	FOLIO NUMBER

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;
Date of Birth; Rank/Grade.)

REGISTER NO.

57627 060

WARD NO.

Siggers, Kevin

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/21/03 1506	<p>(3) Rev abscess on posterior neck. IM has no complaints. - behind abscess has 1 or 2 signs.</p> <p>(C) 2-15 cm raised mass, posterior neck 5 point. Difffusion</p> <p>(A) abscess</p> <p>(O) 1. Coalition Keflex 2. Coalition hot compresses 3. Re + in 5 days</p>
	<i>S. Labro</i> Steven Labrozzi, PA-C Physician Assistant
3/26/03 1415pm	<p>Adam</p> <p>Cultured methicillin resistant Staph Ameu</p> <p>Sensit Rx: Bactrim-DT po bid #20 RPO</p> <p>Stop Keflex (resistant) ↓ Allergic</p> <p>Bactrim-DT po bid #20 RPO</p> <p>Tetracycline 500mg QID #40 RPO CHG RPO</p>
4/6/03 emer 4-7	<p>(3) Rev abscess</p> <p>(O) Nodule as on 3/25: somewhat smaller.</p>
4/7/03 1400	<p>(A) Abscess</p> <p>(O) 1. Tetracycline ^{HAc} 500mg tpo on empty stomach QID x 10 more days #40 NR</p> <p>2. Rev in 7 days.</p>
4/7/03	<i>S. Labro</i> Steven Labrozzi, PA-C Physician Assistant
	<i>V. G. Pharm D</i> Violante Geza, PharmD, RPh Chief Pharmacist

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/12/03 Violette Gatta, PharmD, RPh Chief Pharmacist	<p>① Requests bandage of abscess and pain medication. (See note 3-11-03) Pain 5 on 1-10 scale</p> <p>② NAD 98° exam - 1 cm abscess at side of neck & drainage</p> <p>A abscess reported 3/12/03</p> <p>① 1) Motrin 600 mg 1) Tylenol 500 mg in 10 gels #30 RX1</p> <p>2) Cont. Keflex per order</p> <p>3) Educated on Rx & Treatment plan</p> <p>4) F/u in 2 days, sooner if symptoms</p> <p><i>J. Glenn F.M.P.C.</i></p>
3/13/03 J. Glenn F.M.P.C. Physician Assistant	<p>③ F/u for abscess: see 3-12. IM STATES: abscess is much smaller</p> <p>④ 2-3 cm induration on right side of neck in scalp hair</p> <p>⑤ Suppuration (⑥ evidence of prior hemorrhage / serosanguineous fluid)</p> <p>⑦ Abscess</p> <p>⑧ 1. Keflex 500 mg + po QID x 10 more days #40 NC</p> <p>2. MSA C+S. / culture sent-take</p> <p>3. Rev. Abscess in 3 days.</p> <p><i>Steven Labrozzi, PA-C</i></p>

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

ASSISTANT AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

REGISTER NO.

51627.060

WARD NO.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1*Sigges, Kevin*

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2/3/03 1145	<p>Other for day 1, pain 3 on 1-10 scale, taking med as ordered</p> <p>① NAD 98° Lt. arm - ↓ edema & erythema sgnt drainage noted area open</p> <p>(A) F/U gcess / cellulitis (P) 1) Cast. Kuflex 2) Bacitracin oint. to area BID & bandaid 1 3) Leukplics sent to enstat 4) Return 3/4/03 for recheck 5) Educated on above</p> <p><i>D. Olson</i></p> <p>J. GLENN FNP-C</p> <p>Reviewed by D. Olson, MD Date: 2/13/03</p>
3/11/03 1330	<p>Sid call</p> <p>5/3290 c-8 day tx of boil on R port wine</p> <p>or 1cm boil @ port wine 7966</p> <p>P1 Bdr-1</p> <p>P1 Hot pack R side : pfd Keflex 500mg x 1 w/did #40</p> <p>Recheck P/W</p> <p><i>1/13/03</i></p> <p><i>V. Geza Pharm</i></p> <p>Violetta Geza, PharmD, RPh Chief Pharmacist</p> <p>H. BEAM, MD FCI MCKEAN</p>

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

1/1/03 Rx Keflex 500 mg - QID x 10 days
 1230 #8 given (after his phs) NR
 cont) 2) Mirtex 80 mg; po TID prn w/c
 food / milk #8 given (after his
 ph) #20 NR
 3) Heat to area, elevate
 4) FU 2/2/03 12:30 c NP
 5) Educated on Rx, wound care & FLU

Reviewed by D. Olson, MD

Date: 2/3/03

J GLENN FMP-C

2/3/03 Admin. Note - see for day 1
 1230 scant bloody drainage from
 site, will FU 2/3/03 12:30
 Keflex 2 days

J GLENN FMP-C

1/31/03 Admin Note
 1100 H10 PCP allergy, give Ketrea on 2/1/03, appears
 no reaction

D. Olson, MD
Clinical Director

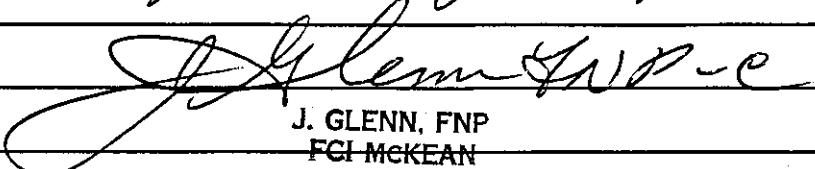
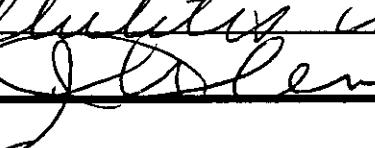
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)	REGISTER NO.	WARD NO.
Sigges, Kevin	51627-060	

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
10/16/02	See injury report this date.
1400	Rxi Motrin 500 mg error 10/16/02 Tylenol 500 mg 1/2 po q 6-8 hr prn #30 NR
10/16/02	 J. Glenn FNP-C Violetta Geza, PharmD, RPh Chief Pharmacist
11-16-02 2120	S: Called down from unit by unit officer. Stated I'm cut my fingers at work & they are still bleeding. O: r.h.d. Thumb & 3rd finger of r.h.d. c. .5cm - .2cm lacerations across palmar aspect. at phal. Edges clean, scant blood at thumb wound. A: Minor lacerations x2 P: Wounds cleansed c. H2O ₂ + ns. Dermabond + sticti-strips applied to thumb. Band aids applied to thumb & 3rd finger. PT education: Keep wound clean & dry. Remove dressings 1-2 days. RICP prn. PT understands.
	 Bonnie Saylor, NP FCI MCKEAN
2/1/03	⑤ C/o pain & swelling lt. lower arm had a cut that is now infected states he picked at the sore & washed hands. Pain 3 on 1-10 scale.
1230	⑥ NAD 99-66-18 122/64 lt. forearm area 3" by 4" edema, erythema & two open areas c. 1x1" drainage warm to touch
	(A) cellulitis lt. forearm (cont)  J. Glenn FNP-C

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
8/2/01	See Injury Report Sandra L. Rimer, RN
2145	
8-11-01 1030	IM "no show" for FBS. — Bonnie Saylor, NP-C Bonnie Saylor, NP
09/06/01 1930	See Injury Report Sandra L. Rimer, RN
9/7/01 0845	I presented for flwg complaints: From ankle, good strength of tibiae and lateral malleolus & heel effusion. Pulsed pulse was seen intact. A Ankle Sprain 2° to foot hall P pain x-ray w/ no fx Cent 7, I saw the plantar aspect of the distal tibia and fibula Duffy
	Reviewed by D. Olson, MD Date: 9/7/01 C. Todd Montgomery AHSA/SMLP

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			FCI McKean
PONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Siggers, Kevin
51627-060

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2/5/01	S- Concerned Re: FMH DM polyuria & Polydipsia.
0845	C- SKIN W/D. + edema BP 122/76 A1C Good Skin turgor
	A- Urine Exam.
	P- Pt had Assume Re DM. C. done FBS RT c.s. Urgent
	W. Flatt, MLP
2/14/01 2005	See infux report Gracia Fairbanks PC Gracia Fairbanks, MLP
8/2/01 1330	S: Pt reported episode of rectal bleeding due to hemorrhoids slight constipation. D: Abd, w/o, no actual bleeding, swelling, Itching rectal discomfort; Abd: non painful, bowel sounds. A: Hemorrhoids / Constipation. P: (1) H.C. suppositories #1 box + BID (notably a need) (2) Lidocaine oint #1 use before after each bowel movement. (3) Stool Softeners, #30 + BID (non drowsy) ✓ fluid intake vegetables, fruits, avoid spicy foods Reviewed by D. Olson, MD Date: 8/3/01 (4) RTN to SP if needed (5) Phenoxybenzyl CT. J.G. J. Gomez, MLP

HOSPITAL OR MEDICAL FACILITY	STATUS		RECORDS MAINTAINED AT	
			FCI McKean	
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	REGISTER NO.	WARD NO.
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)				

Siggers Kevin
51627-060

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE 15/00 300	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
	PSYCHIATRIC CLINIC: MOOD DISORDER	
SUBJECTIVE:		
1. Reports From Institution Staff (social isolation, altered level of activity, disruption in sleep pattern): <i>mild</i>		
2. Inquiry into current medical or psychological concerns of patient: <i>feels good, wants to stop Tranyadol - says been helping me</i>		
3. Medication Compliance and Presence of Side Effects: <i>don't need it anymore</i>		
4. Use of Psychological Services: <i>yes</i>		
5. Current appetite: <i>good</i>		
6. Sleep pattern: <i>good</i>		
7. Ability to work: <i>good</i>		
8. Current hobbies and sources of entertainment: <i>OK</i>		
9. Status of relationships with significant relations, peers and staff: <i>OK</i>		
10. Near and long term plans and goals: <i></i>		
11. Inquiry into mood, feelings of guilt, self-reproach, excessive guilt, worthlessness, and thoughts of death: <i>mild</i>		

PATIENT'S IDENTIFICATION (Use this space for Imprint)

RECORDS MAINTAINED AT:	FCI MCKEEAN HEALTH SERVICES	
PATIENT'S NAME (Last, First, Middle Initial) <i>Jiggers, Kelvin</i>	SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO. <i>51627-060</i>	DATE OF BIRTH

600 (Back)

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
OBJECTIVE:	
1. Grooming and hygiene:	<i>mild</i>
2. Weight:	
3. Cognitive impairment (ability to focus on issues, realistic goals):	<i>Dysphoria</i>
4. Affect:	<i>mild</i>
5. Volition (interest in the environment, ability to initiate and maintain goal directed behavior):	
ASSESSMENT:	Axis I: <i>Mild Depression</i>
1. Diagnosis: Axis II:	
2. Presence of symptoms which warrant close follow up (e.g., suicidal ideation, extreme withdrawal, sense of hopelessness, agitation) or Need for special accommodation:	<i>mild</i>
3. Medication Compliance, Side Effects, Drug Interactions:	<i>Alprazolam</i>
PLAN:	
1. Therapeutic Goals: Provide for the safety of the patient, assist patient in management of depression through use of: support groups, increased participation in activities which patient regards as meaningful, development of positive past times, pharmacological therapy and individual counseling:	
2. Patient Education: Understanding nature of illness and symptoms, participation in meaningful activities, cultivation of positive social relationships, utilization of staff resources for crisis intervention, stress management, medication compliance, medication goals (maintain the patient symptom free at lowest possible dosage).	<i>refusal form signed</i>
3. Return to clinic:	<i>DC</i>
4. Medications:	<i>① DC Tranquillizer</i>
Patient Education - Drugs - Social Instruction C. Oyler, R.P.C.A.U.	D. Olson, MD Clinical Director